

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-040196

5388

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

DO NOT WRITE  
ON THIS STUB

AMENDED

1. PLACE OF DEATH  
a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Mary's Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
3433 Central

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)  
First Middle Last  
Nan Tierney

4. DATE OF DEATH  
Month Day Year  
October 1, 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
8-26-1886

9. AGE (last birthday)  
77

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE (deceased)

Daniel Patrick Tierney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Jack Kerwin, 4929 W. 78 Place

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
14 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Adeno Carcinoma Colon -

5 Mo.

DUE TO (c)

Acute Cardiac Failure

14 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 3, 1948 to 10-1-63 and last saw her alive on 10-1-63  
Death occurred at 7:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)  
James W. Downey M.P.

22b. ADDRESS  
425 E 63rd. H. C. 9mo

22c. DATE SIGNED  
10-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
10-4-1963

23c. NAME OF CEMETERY OR CREMATORY  
Calvary Cemetery

23d. LOCATION (City, town, or county)  
Kansas City, Missouri

24. FUNERAL DIRECTOR  
ADDRESS  
Muehlebach 6800 Troost

25. DATE RECD. BY LOCAL REG.  
10-4-63

26. REGISTRAR'S SIGNATURE  
Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

James W. Downing MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1

2 3478

3

4 1

5 2

6

7 0

8 2

9 153.8

10

11

12 67-0

13

*J. Lawrence*  
*4253 63 64*  
*W-2-1995*  
*after 2:00*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *P. J. Nichols*

Licensed Embalmer No. *4997*

P. O. Address *K. P. NW*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.